

## DUAL ENROLLMENT/CCAP SCHOOL & PARENT APPROVAL FORM

\*Must fill out in black or blue ink\* NAME M.I. Norco Student ID # **ADDRESS** Number/Street City/State Zip Code PHONE DATE OF BIRTH MM/DD/YYYY **HIGH SCHOOL** AGE GRADE LEVEL \_\_ TERM: SPRING SHMMER **FALL** YEAR:\_\_\_\_ PATHWAY: Administration of Justice Business Computer Science IGETC Early Childhood Education Engineering/STEM Game Development High School students are admitted to this program based on GPA, recommendations from High School principal or designee, and must satisfy all pre-requisite and eligibility requirements for each course. Students are not permitted to enroll in Kinesiology (KIN) courses. Students cannot register for more than 8 units during fall/spring term and no more than 5 units during summer term. (CCAP limits 15 units/4 courses per term.) All fees are waived for Dual Enrollment/CCAP students. STUDENTS understand that I will be expected to follow all college policies and procedures related to academic performance and student conduct as delineated in the Schedule of Classes and the College Catalog while enrolled at Norco College. The Family Education Rights & Privacy Act (FERPA) guarantees my right to privacy as it applies to my official RCCD records. Parents or legal guardians will not be granted access to official records without my written consent (Ed Code 76243). I authorize the release of my unofficial student records to the High School I attend and I understand that I will have to request my official college transcripts upon completion of course(s). I understand that the School/Parent Approval Form must be updated at the beginning of every academic year and submitted to Norco College by the deadline and regardless of my continuing student status. While enrolled at Norco College, I will take responsibility as a college student and resolve all college related matters and issues on my own. Based on my academic standing, I understand that my High School may revoke my privileges of attending Norco College. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS SUBMITTED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. All materials submitted by me for the purpose of admission become the property of Norco College. I understand that willful omission or falsification of information may result in my dismissal from Norco College. STUDENT SIGNATURE: \_ DATE: \_\_ PARENT/GUARDIAN I give my consent for my child/legal ward to be enrolled at Norco College as a special admit student and understand that he/she will abide by all college policies, procedures, and standards of student conduct as listed in the Schedule of Classes and College Catalog. I understand that enrollment in public college courses are generally designed for adult learners and Norco College assumes no responsibility for any extraordinary supervision of students less than 18 years of age. I am responsible for the behavior of my child/legal ward while he/she is attending at Norco College. I acknowledge that my child will create permanent college academic records while concurrently enrolled at their High School and access to enrollment may be revoked if my son/daughter falls below academic standards. Under FERPA (Family Educational Rights and Privacy Act), Norco College will not release any college records without a written consent from the student. While enrolled at Norco College, I understand that my child will be a responsible college student who is expected to resolve all college related matters on their own. In an event of an emergency, I authorize first-aid and treatment to be performed by a nurse, physician, and/or mental health counselor at the Wellness Health Center at Norco College. Relationship: Name of Parent/Guardian: Parent/Guardian Signature: PRINCIPAL OR HIGH SCHOOL DESIGNEE certify that the student mentioned (above) would benefit from advanced scholastic or vocational work and has demonstrated adequate preparation for enrollment in a college campus. During the intersession(s), I will recommend no more than 5% of the total number of pupils who completed the grade immediately prior to the time of recommendation and understand that it is the responsibility of the High School to honor the intersession(s) enrollment limitation (CA Ed Code 4800, 48800.5, 76001, 76002, 76004) Name: Signature: Title: Date: **OFFICE USE ONLY** NOR Home College location Valid during OAPPROVED OMeets Requirements OXSPA Updated 202 /2 ODENIED **HS Approval Received** Application Confirmation/Current App. Date Receiveu: Academic Year Date-stamped all docs Completed & Signed S/PA Form A&R Staff (Print Name)